

**INSTRUCTIONS FOR PREPARING
THE AREA PLAN BUDGET
CDA 122 (Rev 2/04)**

DUE DATES FOR SUBMITTING THE AREA PLAN BUDGET

Unless otherwise instructed by the Department, the original CDA 122 is due May 1 with the annual Area Plan, the CDA 122 revision number 1 is due December 1, and the CDA 122 revision number 2 is due April 30.

**PAGE 1 – AREA PLAN BUDGET SUMMARY - BUDGETED COSTS - TITLE III ADMIN
AND TITLE III PROGRAMS**

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Cost Categories: The lines in this section list the allowable cost categories for reporting budgeted costs for Title III programs. The columns separate the budgeted costs by Area Plan Administration, Title III programs, and Total Title III.

Lines 1 through 10

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, III B Supportive Services, III C-1 Congregate Nutrition, III C-2 Home Delivered Nutrition, III D Disease Prevention and Health Promotion, and III E Family Caregiver provided directly by the Area Agency. Enter Indirect or Grantee Allocated Costs on line 9.

Line 11

Enter the cost of contracted services by program. The amounts reported for III B must agree with the amounts reported on Page 8, Total Contracted Services. The amounts reported for III E must agree with the amounts reported on Page 10.

Line 12 Total Title III Costs

Add the amounts on line 10 to the amounts on line 11, and enter the Total Title III Costs separating Cash from In-kind. The Cash amounts must agree with Page 3, Line 8, Total Title III Funding, Cash, by column. The In-kind amounts must agree with Page 3, Line 8, Total Title III Funding, In-kind, by column.

Line 13 Total Cash & In-Kind

Add the Cash and In-Kind amounts reported on line 12, and enter the Total Cash & In-Kind for each of the columns (a) through (g). Total Cash & In-kind must agree with Page 3 line 9, by column.

PAGE 2 – AREA PLAN BUDGET SUMMARY - BUDGETED COSTS – TITLE III, TITLE VII AND OTHER STATE FUNDED GRANTS

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Cost Categories: The lines in this section list the allowable cost categories for reporting budgeted costs for Title VII & Other State Funded Grants (OSFG) programs. The columns separate the budgeted costs by Title VII programs, Other State Funded Grants, and Totals.

Lines 1 through 10

Enter and calculate the costs directly incurred by the Area Agency. These should include Title VII Ombudsman, VII Elder Abuse Prevention, Total Title VII, Total Title III (from Page 1), Total Title III & VII (column (c) plus column (d)), Other State Funded Grants, and Total III, VII, & OSFG, provided directly by the Area Agency. Enter Indirect or Grantee Allocated Costs on line 9.

Line 11

Enter the cost of contracted services by program. The amounts reported for Other State Funded Grants must agree with the amounts reported on Page 13.

Line 12 Total Area Plan Costs

Add the amounts on line 10 to the amounts on line 11, and enter the Total Area Plan Costs separating cash from in-kind. The Cash amounts must agree with Page 3, Line 17, Total Area Plan Funding, Cash, by column. The In-kind amounts must agree with Page 3, Line 17, Total Title Area Plan Funding, In-kind, by column.

Line 13 Total Cash & In-Kind

Add the Cash and In-kind amounts reported on line 12, and enter the Total Cash & In-Kind for each of the columns (a) through (g). Total Cash & In-kind must agree with Page 3 line 18, by column.

PAGE 3 – AREA PLAN BUDGET FUNDING TITLE III, VII, OTHER STATE FUNDED GRANTS, & MATCHING CONTRIBUTIONS

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

SECTION A - Funding Sources: The lines in this section list the allowable sources of funding which may be used to cover the budgeted costs on Page 1. The columns separate the budgeted funding by Area Plan Administration, Title III programs, and Total Title III. The

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totals of columns (a) through (g) on Page 3 must equal the totals of columns (a) through (g) on Page 1.

Line 1 Program Income

Enter on this line in the appropriate column the amount of income generated as a result of a Title III service. Include contributions from clients, sales of assets, and interest earned on grant funds.

Line 2 NSIP

Enter the amount allocated on the latest Planning Estimate or Budget Display. This amount, less OTO, must agree with Page 4, Section C, lines 8 and 9.

Line 3 Non-Matching Contributions

Enter on this line local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g., Title V, Title XX, over match, etc.).

Line 4 State Funds

Enter on this line the amounts of State funding from General Funds. The amount budgeted for Area Plan Administration cannot exceed the amount allocated on the latest Planning Estimate or Budget Display.

Line 5 Matching Contributions

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing funds. Include Cash and/or In-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant-related income.

Line 6 Federal Funding Grandparent

Enter on this line in column (f) the Title III E federal funds to be expended for Grandparent and other relative caregivers. Section 373 (g)(2)(C) of the OAA limits expenditures to no more than 10% of the federal and non-federal share to provide support services to grandparents and older individuals who are relative caregivers. The maximum amount limitation is identified on the latest Planning Estimate or Budget Display.

Line 7 Federal Funding Other

Enter on this line, in the appropriate column, the Title III allocations from the latest Planning Estimate or Budget Display. Column (f) lines 6 & 7 together must equal the total Title III E allocation. All Title III funds allocated on the Budget Display must be

included in this budget on lines 6 & 7.

Line 8 Total Title III Funding

Add the amounts on lines 1 through 7 and enter the Total Title III Funding separating Cash from In-kind.

Line 9 Total Cash and In-kind

Add the Cash and In-kind amounts on line 8 and enter the Total Cash & In-kind for each of the columns (a) through (g).

SECTION B - *Funding Sources*: The lines in this section list the allowable sources of funding which may be used to cover the budgeted costs on Page 2. The columns separate the budgeted funding by Title VII programs, Other State Funded Grants, and Totals. Columns (j), (k), (l), & (n) are totals of other columns as indicated by the column headings. Instructions for columns (h), (i), & (m) are listed below. The totals of columns (h) through (n) on Page 3 must equal the totals of columns (a) through (g) on Page 2.

Line 10 Program Income

Enter on this line in the appropriate column the amount of income generated as a result of a Title VII or OSFG service. Include contributions from clients, sales of assets, and interest earned on grant funds.

Line 12 Non-Matching Contributions

Enter on this line local funding for Title VII & OSFG programs that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g., Title V, Title XX, over match, etc.).

Line 13 State Funds

Enter on this line the amounts of State funding from General Funds for Title VII & OSFG programs.

Line 14 Matching Contributions

Enter on this line in the appropriate column, funds for Title VII & OSFG programs qualifying as matching or cost sharing. Include Cash and/or In-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant-related income.

Line 16 Federal Funding Other

Enter on this line, in the appropriate column, the Title VII allocations from the latest Planning Estimate or Budget Display. All Title VII funds allocated on the Planning Estimate or Budget Display must be included in this budget on line 16.

Line 17 Total Area Plan Funding

Add the amounts on lines 10 through 16 and enter the Total Area Plan Funding separating Cash from In-kind.

Line 18 Total Cash and In-kind

Add the Cash and In-kind amounts on line 17 and enter the Total Cash & In-kind for each of the columns (h) through (n).

SECTION C – MINIMUM MATCHING REQUIREMENTS: In this section calculate the minimum matching requirements for Area Plan Administration and Title III programs.

Area Plan Admin

To calculate the minimum matching requirement for Area Plan Admin use the following formula:

Line 1 Costs to be matched

Page 1 column (a) line 13, minus Page 3 column (a) lines 3 and 4.

Title III B, C, & D Programs

Title III B, C, & D Matching Contributions may be pooled to meet minimum matching requirements. To calculate the minimum matching requirement for Title III Programs use the following formula:

Line 1 Costs to be matched

Page 1, line 13, column (b), plus column (c), plus column (d), plus column (e), minus Page 3, lines 1 through 4, column (b), column (c), column (d), and column (e).

Title III E Programs

To calculate the minimum matching requirement for Title III E Programs use the following formula:

Line 1 Costs to be matched

Page 1 column (f) line 13, minus Page 3 column (f), lines 1 through 4.

Line 3 Minimum Required Match

Multiply line 1 by line 2 and enter the amount on line 3 for column (a), column (b), and column (c). Add across column (a), column (b), and column (c), and enter the total in

column (d).

Line 4 Required Local Public Matching

Multiply the Total column (d) on line 3 by 25 percent. This is the minimum amount of local match that must be provided by local public agencies. Local public agencies include cities, counties, and municipalities.

PAGE 4 – MATCHING CONTRIBUTIONS, TRANSFERS, ADEQUATE PROPORTION, & III B ONE-TIME-ONLY

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Section A - Area Plan Administration Matching Contributions: List the agencies contributing matching funds to the Area Agency for its own administration. Provide a breakdown between Cash & In-kind funding.

Section B - Local Public Agencies Matching Contributions: List the local public agencies contributing matching funds to satisfy the requirement on Page 3, Section C, line 4. Provide a breakdown between Cash and In-kind. List agencies providing funding to the Area Agency and/or service providers. Local public agencies providing matching contributions for Area Plan Administration may be listed in both Section A and Section B on Page 4.

Section C - Transfer of Funds: The lines in this section list only those funds that can be transferred. NSIP Baseline funds can be transferred between NSIP C-1 and NSIP C-2. The Current Budget Display column should include any transfers approved by the Department but not yet included on a Budget Display amendment. The New Budget Display column should reflect funding transfers requested in this budget.

If the Planning Estimate or latest Budget Display includes an amount for General Fund Reduction, State Admin and/or State Program must be reduced to offset the General Fund Reduction. To report the offset, on lines 10 & 11 enter appropriate amounts in the Decrease column. On line 12 enter an amount equal to the General Fund Reduction in the Increase column. For line 12, the New Budget Display column must be zero.

Calculate the transfers requested in this budget using the Increase and Decrease columns. Total increases must equal total decreases. Do not include OTO funds in this section, as they cannot be transferred.

Section D - Adequate Proportion Calculation: Use this section to determine the percentages of III B Supportive Services funds budgeted to be expended on priority services. Priority services are Access (Information & Assistance, Case Management, Transportation, Assisted Transportation, and Outreach), In-Home (Personal Care, Homemaker, Chore, Visiting, In-Home Respite, Minor Home Modification, Alzheimer's Day

Care, and Adult Day/Health Care), and Legal Assistance.

Lines 1 through 4

Instructions for lines 1 through 4 can be found on Page 4, Section D, of the budget form.

Lines 5 through 19

For each line enter the amount of Federal Share from Page 8 but do not include One-Time-Only funds. On line 10, enter the total of lines 5 through 9. On line 19, enter the total of lines 11 through 18.

% of Base

To calculate the % of Base for Access, divide line 10 Federal Share by the amount on line 4. To calculate the % of Base for In-Home, divide line 19 Federal Share by the amount on line 4. To calculate the % of Base for Legal Assistance, divide line 20 Federal Share by the amount on line 4.

Approved Percentage

Enter the approved percentages from the Area Plan. Area Agencies not meeting approved percentages for adequate proportion must request to change the approved percentages, following the requirements in the Area Plan.

Section E – III B OTO Allocations: In this section list any III B programs that are receiving III B OTO and the amount allocated to each program.

PAGE 5 - SCHEDULE OF PAID PERSONNEL COSTS TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Position Classification: List each paid staff person, the Annual Wage Rate, the percentage of time spent, and the amount of funds budgeted for Administration and or any direct services provided by the Area Agency. The Total Title III percentage should not exceed 100 percent. Enter the amount of payroll taxes and employee benefits on the appropriate line. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total Paid Personnel Costs line for each column.

PAGE 6 - SCHEDULE OF PAID PERSONNEL COSTS TITLE VII, OTHER STATE FUNDED GRANTS, & TOTAL III, VII, & OSFG-DIRECT SERVICES

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by

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the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Position Classification: List each paid staff person, the Annual Wage Rate, the percentage of time spent, and the amount of funds budgeted for Title VII, Total Title III from Page 5, Other State Funded Grant, and total direct services provided by the Area Agency. The Total Title III, VII, & OSFG percentage should not exceed 100 percent. Enter the amount of payroll taxes and employee benefits on the appropriate line. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total Paid Personnel Costs line for each column.

PAGE 7 - SCHEDULE OF IN-KIND PERSONNEL COSTS TITLE III, VII, & OTHER STATE FUNDED GRANTS

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Position Title: List each in-kind staff person, the Annual Wage Rate, the percentage of time spent, and the amount of in-kind funds budgeted for Administration and/or any direct services provided by the Area Agency. The Total Title III, VII, & OSFG percentage should not exceed 100 percent. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total In-kind Personnel Costs line for each column.

PAGE 8 SCHEDULE OF SUPPORTIVE SERVICES (III B)

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Part I - Direct Services: Under Service Categories, list any Title III B Supportive Services provided directly by the Area Agency. Do not include Title III D Disease Prevention, Title III E Family Caregiver, Title VII Ombudsman, or Title VII Elder Abuse Prevention. Program Development and Coordination are listed in Part I.

Column (a)

Enter the total budgeted costs for each Service Category listed.

Columns (b) through (h)

Enter the budgeted funding amounts as appropriate for each Service Category listed.

Total Direct III B Services

Enter the total amount for columns (a) through (h).

Part II - Contracted Services: Complete this part for all Title III B programs the Area Agency contracts out. It is not necessary that all service categories be budgeted. Instructions for each column are the same as for Part I above.

Total Contracted III B Services

Enter the total amount for columns (a) through (h).

Total III B Supportive Services

Enter the total of Direct and Contracted Supportive Services in the appropriate column. The amount in column (a) must be equal to the amount on Page 1, line 13, column (b).

PAGE 9 - SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

III C-1: Complete this part for all Congregate Nutrition programs the Area Agency provides directly and contracts out. Nutrition Education is a required service for III C-1 and must be budgeted.

Column (a)

Enter the total budgeted costs for each program listed.

Column (b) through (i)

Enter the budgeted funding amounts as appropriated for each program listed.

Total III C-1

Enter the total amount for columns (a) through (i).

III C-2: Complete this part for all Home-Delivered Nutrition programs the Area Agency provides directly and contracts out. Nutrition Education is a required service for III C-2 and must be budgeted. Instructions for each column are the same as for III C-1 above.

III D: Complete this part for all Disease Prevention & Health Promotion programs the Area Agency provides directly and contracts out. Medication Management (Education and Screening) is a required service for III D and must be budgeted as allocated. Instructions for each column are the same as for III C-1 above.

PAGE 10 SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Service Categories: Complete this part for all Title III E service categories the Area Agency provides as a direct service. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories

are listed. It is not necessary that all service categories be budgeted.

Total Service Information

Total the amounts budgeted for Outreach and Community Education and enter in columns (a) through (h).

Total III E Access

Total the amounts budgeted for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation and enter in columns (a) through (h).

Total Caregiver Support

Total the amounts budgeted for Counseling, Caregiver Support Group, and Caregiver Training and enter in columns (a) through (h).

III E Respite Care Services

In columns (a) through (h), enter the total amount of III E Respite Care Services budgeted.

Total Supplemental Services

Total the amounts budgeted for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA) and enter in columns (a) through (h).

Total III E Direct Services

Enter the total of Service Information, III E Access, Caregiver Support, III E Respite Care Services, & Supplemental Services in the appropriate column.

PAGE 11 SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Service Categories: Complete this part for all Title III E services the Area Agency contracts out. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed. It is not necessary that all service categories be budgeted.

Total Service Information

Total the amounts budgeted for Outreach and Community Education and enter in columns (a) through (h).

Total III E Access

Total the amounts budgeted for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation and enter in columns (a) through (h).

Total Caregiver Support

Total the amounts budgeted for Counseling, Caregiver Support Group, and Caregiver Training and enter in columns (a) through (h).

III E Respite Care Services

In columns (a) through (h), enter the total amount of III E Respite Care Services budgeted.

Total Supplemental Services

Total the amounts budgeted for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA) and enter in columns (a) through (h).

Total III E Contracted Services

Enter the total of Service Information, III E Access, Caregiver Support, III E Respite Care Services, & Supplemental Services in the appropriate column.

Total III E Direct & Contracted Services

Add the Total III E Directed Services from Page 10 to the Total III E Contracted Services on Page 11 and enter the amount on this line. The Total Budgeted Costs in column (a) must agree with the amounts on Page 1 column (f) line 13. The amounts in columns (b) through (h) must agree with the amounts on Page 3 column (f).

PAGE 12 SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

On this page, provide detailed information on individual III E service providers. Title III E service providers and contract numbers should be listed in the far-left section of the page. Enter the service being provided. Columns (a) through (h) on page 12 correspond with columns (a) through (h) on page 11. The Total III E Contracted Services line on page 12 must agree with the Total III E Contracted Services line on page 11.

PAGE 13 SCHEDULE OF OTHER STATE FUNDED GRANTS

Heading: Enter the budget period, revision number, contract number, budget date, and the PSA number. The contract number will consist of the two-letter funding source, followed by the fiscal year, and a two-digit PSA number (e.g., AP 0405-34).

Part I - Direct Services: Complete this part for all Other State Funded Grants provided directly by the Area Agency.

Column (a)

Enter the total budgeted costs for each program budgeted.

Columns (b) through (g)

Enter the budgeted funding amounts as appropriate for each program budgeted.

Total Direct Services

Enter the total amount for columns (a) through (g).

Part II - Contracted Services: Complete this part for all Other State Funded Grants the Area Agency contracts out. It is not necessary that all programs be provided. Instructions for each column are the same as for Part I above.

Total Contracted Services

Enter the total amount for columns (a) through (g).

Total Direct & Contracted Other State Funded Grants

Enter the total of Direct and Contracted Other State Funded Grants in the appropriate column. The amount in column (a) must agree with the amount on Page 2, line 13, column (f). The amounts in columns (b) through (g) must agree with the amounts on Page 3 column (m).

PAGE 14 - OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY

Area Agencies may use this page to provide funding information on other programs they may be administering. These programs would include, but not be limited to, Title XX, Title XIX, IHSS, Title V, MSSP, HICAP, and ADHC. **THIS PAGE IS OPTIONAL**